The Cedars Care Home (Ashford) Limited

The Cedars Care Home

Inspection report

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Date of inspection visit:
29 February 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 29 February 2016.

The Cedars Care Home is registered to provide accommodation with nursing care for up to 16 people. At the time of our visit, there were 14 people living at the home. The majority of the people who live at the home are living with dementia, as well as having complex needs. The home also provides end of life care. The accommodation is provided over two floors that were accessible by stairs with a stair lift and a lift.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relative told us they were safe at The Cedars Care Home. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were

involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service people received.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the home and community.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and said they felt that management were very supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had risk assessments based on their individual care and support needs. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

The provider actively sought, encouraged and supported people's and staffs involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

The management of the home were described as good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

The Cedars Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home on 29 February 2016 and it was an unannounced inspection. The inspection was conducted by three inspectors.

We spoke to nine people living at the home, four relatives, a visitor, six staff, the deputy manager and the registered manager. We observed care and support in communal areas; looked at four bedrooms with the agreement of the relevant person. We looked at four care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, four staff records, complaints records, policies and procedures and external and internal audits.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

Our previous inspection of the service was on 11 December 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People were safe and were provided with easy read guidance about what to do if they suspected abuse was taking place. People told us, "I am very safe, there is always a member of staff around if you have any problems." Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support.

Staff knew what to do if they suspected any abuse. A member of staff told us, "If I had any concerns I would not hesitate to speak to the manager or deputy manager." The home held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

Risks to people were managed safely and in accordance with their needs. Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professionals such as psychiatrist, GP or speech and language therapist. Risk assessments detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. Where people were at risk of developing pressure sores there was a plan in place to reduce this risk which were followed by staff. For example by using pressure mattresses or pressure cushions. The information provided enabled care and support to be planned in accordance to people's needs.

We also saw information which identified where people were susceptible to injuries, or exhibited behaviour that challenged themselves or others. Detailed information and guidelines were given to staff on how to support the person and what action needed to be taken to alleviate the situation or behaviour. Risk assessments and guidance were put in place in accordance with people's care and support needs.

A person told us, "People were concerned as I was falling over a lot, now I am living here I cannot remember the last time I fell over." Where people had mobility needs or were susceptible to falls, information was recorded to help staff take action to minimise these risks. People had access to specialist equipment such as wheelchairs, walking frames, hoists, specialist beds or bathing aids to use whilst having a bath or shower. We noted that communal areas, stairs and hall ways were free from obstacles which may present as a risk.

The provider had a system to manage and report incidents, accidents and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding concerns had been raised and dealt with, relevant notifications had been received by the Care Quality Commission in a timely manner. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised emergency evacuation plan that was regularly reviewed. This meant that staff

had information on how to support people in the event of an evacuation. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This would minimise the impact to people if emergencies occurred. We noted that fire, electrical, and safety equipment was inspected on a regular basis. We also noted that equipment such as wheelchairs, baths and showers was checked on a weekly or monthly basis. This demonstrated that checks were carried out on a regular basis to ensure the equipment was safe to use.

Entry to the home was through a bell system managed by staff. We saw a book that recorded all visitors to the home. The entrance to the garden was secure through a locked gate. There were arrangements in place for the security of the home and people who lived there.

A person told us, "I don't have any problems; there is always plenty of staff around." There were sufficient numbers of staff deployed to keep people safe and to respond to their needs. There were seven staff on duty during our visit which included the registered manager and the deputy manager to provide care and support to 14 people living at the home. One member of staff was off sick and so existing staff covered this absence. The registered manager confirmed that they used agency staff and required the same agency staff to attend to ensure consistency and reduce the disruption to the home. We were told by the registered manager that there should be a minimum of five staff deemed adequate to provide safe care and support to people. The registered manager informed us that staffing levels were determined based on people's assessed needs, if changes in people's needs occurred then staffing levels would be reviewed. This included, supporting people to attend appointments and activities in the local community. The registered manager told us, "Most of the time you will find me downstairs helping people."

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out as stated in the regulations to ensure staff were suitable to work with adults at risk. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with adults at risk.

Medicines were stored securely. There were appropriate arrangements in place for the storage and recording of medicines. All medicines coming into the home and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded.

People had their medicines on time and as prescribed and given by competent staff. Only staff who had attended training in the safe management of medicines were authorised to give medicines. Staff attended regular refresher training in this area. Once they had attended this training, managers observed staff administering medicines to assess their competency before they were authorised to do this without supervision. We saw staff administered medicines to people they explained the medicine and waited patiently until the person had taken the medicine. Any changes to people's medicines were prescribed by the person's GP.

Arrangements were in place to accurately record medicines administered. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive or which ones to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was

guidance for people who are on PRN [as needed] medicines. Records included details about the amount of these medicines people were given and the reason for the administration of the medicine.

Good

Is the service effective?

Our findings

Relatives and people told us they felt staff were well trained and had sufficient knowledge to keep people safe. A person told us, "The care here is wonderful." A relative told us, "They knew my [family member] and their needs."

The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. The provider promoted good practice by developing the knowledge and skills staff required by using the Care Certificate course to meet people's needs. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training was delivered in different formats such as online learning, DVDs, training courses and certificated learning workbooks.

Staff confirmed they had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with information about people's care and support needs and how they met these. The provider's records confirmed that all staff had received mandatory training such as safeguarding adults; dementia awareness; dysphagia (problems with swallowing food and drink); challenging behaviour; health and safety and infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff said, "I receive regular supervision, and we can talk to the managers anytime." Documentation confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

People's care plans detailed whether people had capacity to make decisions, this was reviewed on a regular basis as people's capacity could vary from time to time. Staff obtained consent before carrying out any tasks for people. We heard staff ask people if they would like to come with them so they could help them. Staff had received training in what the Mental Capacity Act (MCA) 2005 was about, and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and they recorded who was able to make decisions on their behalf, and these were made in their best interests. We noted that an advocate had been used for people who did not have family or when people required additional support during the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required

to protect the person from harm. We noted that the registered manager had completed and submitted DoLS applications in line with current legislation to the local authority for people living at the home this included those who used bed rails or a wheelchair belt. Although bed rails or wheelchair belts were used to prevent people from falling, it could also restrict people's freedom.

People told us they enjoyed the food, others told us they did not like the options available on the day, those who did not like what was on offer choose an alternative meal. One person told us, "I prefer a jacket potato for lunch and they prepare them for me." Another person told us, "I like the food, its tasty." People were involved in the consultation about the choice of menu for breakfast, lunch and tea. The cook asked people every day what they wanted to eat and staff showed people the dishes on offer so they could choose which meal they wanted. The cook prepared and cooked all of the meals in the home. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. Staff confirmed that a dietician was involved with people who had special dietary requirements.

Lunchtime was a social occasion. People were able to choose who they sat with and some people enjoyed their lunch together in the dining room, the lounges or in their room. People were supported to have their nutrition and hydration needs met. Detailed information about people's food likes and dislikes and preferences such as religious or cultural needs was available. Some people required a pureed diet, staff knew who these people were and the meal was served according to their needs. People were able eat independently. Where people were having difficulty with their meal, staff intervened where appropriate in a kind and caring manner and allowed them to continue this independently, for example one person dropped some food and staff responded quickly to assist them.

People felt their health needs were being met by the service. People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, physiotherapist, speech and language therapist and social care professionals. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

People's bedrooms were personalised with pictures, photographs and items of religious sentiment and personal interest. Communal areas of the home were painted in the same colour scheme; however people's rooms were painted in different pastel colours. The home had a photograph of everyone who lived at the home which formed a family tree and helped people recognise themselves and others. Clocks throughout the home were digital and had a large screen, so people could easily read the time. Activities were displayed in picture format for easy read. The service had a large secure sensory garden which was designed to created sensations that could assist relaxation, or stimulate people's senses. The garden was also accessible for people with sensory and mobility issues. A person told us, "I love going out into the garden, it is so peaceful." Another person told us, "They've got a lovely garden which was recently done. I love spending time there."

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. A person told us, "I couldn't fault the staff, they're all really nice to me." A relative told us, "Everyone appears to be so happy here. They're all so friendly and polite. Nothing is too much bother."

The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs.

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in. We noted that one person was having their breakfast at 11.20am, they told us they wanted a late breakfast. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was detailed information in care records that highlighted people's personal preferences, and also what constituted as a good or bad day for people, so that staff would know what people needed from them. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. During the inspection we observed people's behaviour and how staff responded to help them calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

Staff approached people with kindness and compassion. A relative told us, "The staff are very caring, they know my [family member] and what they like and dislike." We saw that staff treated people with dignity and respect. For example where people required support in getting up from their chair, staff ensured people's clothes were hanging correctly and untangled. Personal care was provided in private and staff placed a sign on people's doors stating 'not to be disturbed as personal care being given.' Staff called people by their preferred names. Staff interacted with people throughout the day. For example when attending activities in the home, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. A person told us, "I make my own decisions, I like staying in this chair and so they make sure I am ok." We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support

each person in ways that were right for them and how they were involved in their care.

People were protected from social isolation with the activities, interests and hobbies they were involved with. Relatives and friends were able to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs, because the provider offered support to attend the local religious centres. We also saw that religious services were held in the home and these were open to those who wished to attend. This demonstrated that care and support was provided with due regard for people's religious choices.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "All I have to do is put my hand up and staff come over. They are always willing to help me." A relative told us, "[Family member] is able to do the same things she used to do at home, which is great."

We saw that pre assessments were carried out before people moved into the home and then were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information.

People had detailed care records which outlined their individual care and support needs, including any identified risks. For example, personal hygiene, medicine, physical and mental health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record which ensured that staff had up to date information. This information was used to provide care and support in accordance to people's needs. For instance those people who liked to smoke, they told us, "Staff were always on hand to take us outside in the garden, there are proper bins with sand in to put our cigarette butts in and they always put my protective apron on me." The protective aprons are designed to protect people who are at risk of dropping ash on themselves while smoking. This demonstrated that people were able to have their support needs meet whilst identified risk were minimised. Staff were able to build a picture of the person's support needs based on the information provided. For example where people were identified as being susceptible to falls; they had access to specialist equipment such as sensory mats and pendants which alert staff to potential risk.

Staff were quick to respond to people's needs. They told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs. For example a person was distressed so staff accompanied them whilst walking around the home, comforting them. The deputy manager saw that they were still agitated so they spent some quiet time with them in the privacy of the person's room which seemed to calm them down. This demonstrated that staff knew people and how to address their needs.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. The information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. This ensured that staff had up to date information relating to people's care needs.

There was a call bell system in place; the system was easy for people to use and some people had pendants around their neck for easy access so they can alert staff. We observed there were call bells in communal

areas as well as in people's bedrooms. During our inspection people's call bells or requests for help were responded to quickly.

People confirmed that they took part in the activities in the home and outside in their community. One person told us, "I can't do group activities, I don't enjoy them." We observed this person being assisted to do some knitting separately which they were happy to do. Activities included going for walks with staff, sing- a - longs, board games, jigsaw puzzles and ball games. We saw photographs of outings or events people had attended. We observed a timetable of activities on a board on the wall and on the day of the inspection observed some activities taking place. Staff encouraged people to engage in activities and offered a variety that catered to people's needs and interests. The people who joined in the group activity were happy and appeared engaged. One person told us, "We can sing, draw or do jigsaw puzzles. Sometimes I just want somebody to talk to and they can provide that here."

The service employed an activities coordinator. They told us, "We adapt the activities to their needs. For example, with golf some people will be able to hold the putter but others prefer to roll it." They went onto say, "We try to have a variety of activities on each day in line with what people prefer. We do a mix of things, not everyone likes everything." They advised us that people had input into what they would like to do and management were always supportive of setting up new activities. They said, "It's easy to introduce new activities, for example we recently got a new games table which the men really enjoy." They also told us that trips were organised and people were involved in choosing these. For example one person enjoys boats and they had organised a boat trip for this person. Another example was of a person who had a favourite football team they supported and wanted to see them play football, so the provider brought them a ticket to attend a football match. The person was accompanied by their family, who also enjoyed the event. We saw photographs of the person participating in the football event. There were plans to introduce theme nights as this is what people had asked for. One relative told us, "There is a lot of entertainment here."

People were made aware of the complaints system. A person told us, "I would speak to the manager if I had any concerns." There was various ways that someone could voice their opinion about the service. For example by completing a questionnaire; discussing the issue with staff; the manager or at the relatives or residents meetings. People had their comments and complaints listened to and acted upon. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. When people first moved in there was a copy provided in the resident's guide which people kept in their rooms.

Staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The service maintained a complaints log and these were dealt with in a timely manner, in accordance to their complaint policy. There was one complaint made in the last twelve months which was about an issue with the laundry. We noted that the response to the complaint contained action to be taken and an offer of apology. We saw information about the complaint procedure displayed in the home, which provided people with the information about the process, contact details for the registered provider, CQC, and Local Government Ombudsman. We also saw lots of compliments received by the home. For example, one of the compliments recorded was 'it was delight to come each week, the residents are always well looked after. The staff are really friendly.'

Good

Is the service well-led?

Our findings

People we spoke to all told us they were happy with the management and running of The Cedars and that issues were dealt with swiftly and without problem. One person told us, "Now and again I've had little niggles but they've been dealt with. They're approachable. I had a problem with a carer and it was all resolved quickly and is not a problem now." Another person told us, "I like the people who run it, they're all very nice." A relative told us, "The staff and management are so friendly they make me feel very welcome."

People were involved in how the home was run in a number of ways. People's feedback was positive and stated that they were well looked after and encouraged to form positive relationships between healthcare professionals, staff and people. There were 'residents' and relatives meetings for people to provide feedback about the care provided. We saw minutes of the meeting where people discussed issues regarding their home, staff, the people and environment they lived in, food and activities. For example people wanted more fruit in their diets and milky drinks in the evening; A trip to Hampton Court had been voted for in the spring or summer and people wanted to see more table top games. These had been arranged.

Staff were involved in the running of the home. Staff told us regular staff meetings were held and they felt they could make suggestions and that these were listened to. Staff told us about the registered manager and deputy were "Always available to help" and "listen to our thoughts and ideas." Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through a variety of methods such as staff meetings, supervisions and questionnaires. Staff told us that they were able to discuss the home, quality of care provided, their training needs, job role and any changes in people's care needs. Feedback from a staff survey identified some of the issues raised such as: a member of staff wanted to progress their professional development by doing their Level 3 as they had completed their Level 2 qualification in Health and Social Care. An assessor had been organised to see the member of staff. Another example was of a member of staff wanted more time in the kitchen and a pay rise. This was implement their Head office agreed to give them a pay rise due to their work performance and they was also given an extra hour to cook in the kitchen.

Staff had a clear vision and set of values and these were discussed with people when they moved into the home. For example, people were given information on what they could expect from the service and staff at The Cedars.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.

Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs. People's care and welfare was monitored on a regularly basis to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. Monthly audits were carried by the management team regarding people's care and support needs such as infections, pressure sores and malnutrition. The

management team and the provider conducted monthly audits on health and safety of the home, management of medicines, room maintenance, housekeeping and care plans. Areas requiring review or change were identified and action taken.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.